

IN THE CRIMINAL/CIRCUIT COURT OF _____ COUNTY, TENNESSEE

Case Number: _____ Count #: _____ Counsel for the State: _____

Judicial District: _____ Judicial Division: _____ Counsel for the Defendant: _____

State of Tennessee

Retained Private Atty Appt Pub Def Appt
 Counsel Waived Pro Se

vs.
Defendant: _____ Alias: _____

Date of Birth: _____ Sex: _____ Race: _____ SSN: _____

Indictment Filing Date: _____ State Control # _____ State ID # _____

County Offender ID # (if applicable) _____

ORDER OF DEFERRAL (JUDICIAL DIVERSION) Original Amended Corrected

On the _____ day of _____, 20____, the defendant:

Pled Guilty Pled Nolo Contendere
Was Found Guilty By:
 Jury Verdict
 Bench Trial

Indictment: Class (circle one) 1st A B C D E Felony Misdemeanor
Indicted Offense Name AND TCA §: _____
Amended Offense Name AND TCA §: _____
Offense Date: _____ County of Offense: _____
Deferred Offense Name AND TCA §: _____
Deferred Offense: Class (circle one) A B C D E Felony Misdemeanor

Upon review of the case, the court finds the facts stated above as well as the following (For Item 3, Check ONE Of The Two Boxes):

- The defendant is eligible for deferral of the prosecution pursuant to Tennessee Code Annotated section (T.C.A.) 40-35-313;
- The Tennessee Bureau of Investigation has certified (per attached certificate) that the defendant does not have a prior felony or Class A misdemeanor conviction;
- The defendant was not charged with a violation of a criminal statute the elements of which constitute abuse, neglect or misappropriation of the property of a vulnerable person as defined in T.C.A. 68-11-1004; **OR**
 The defendant agrees without contest or any further notice or hearing that the defendant's name shall be permanently placed on the registry governed by 68-11-1004, whereupon a copy of this order shall be forwarded by the clerk to the department of health;
- The defendant consents to T.C.A. 40-35-313 deferral, as evidenced by the defendant's signature below; AND
- The defendant should be granted a deferral of charges pursuant to T.C.A. 40-35-313.

It is, therefore, **ORDERED** that the prosecution in this case is deferred pursuant to T.C.A. 40-35-313, and the defendant is placed on probation pursuant to T.C.A. 40-35-303. The terms of both statutes and of T.C.A. 40-35-304, -305, and -308 through -312 are incorporated herein by reference thereto. In addition, the following terms and conditions apply to the defendant's probation.

Probation Term: Beginning _____ Ending _____ Supervised Unsupervised
Supervising Entity: _____

Conditions of Probation (Deferral) (CHECK ALL BOXES WHICH APPLY):

<input type="checkbox"/> Submit to supervision by supervising entity	<input type="checkbox"/> Report as directed by supervising entity or court
<input type="checkbox"/> Obtain/Maintain gainful employment	<input type="checkbox"/> Meet defendant's family responsibilities
<input type="checkbox"/> Medical and/or mental health treatment	<input type="checkbox"/> Drug assessment and/or treatment
<input type="checkbox"/> Pay expenses for drug or alcohol treatment (T.C.A. 40-35-313)	<input type="checkbox"/> Alcohol assessment and/or treatment
<input type="checkbox"/> Refrain from possessing a firearm or other dangerous weapon	<input type="checkbox"/> Pursue secular course of study or vocational training
<input type="checkbox"/> Pay sex offender tax/fine (T.C.A. 39-13-709 / T.C.A. 40-24-108)	<input type="checkbox"/> Pay drug testing fund fee (T.C.A. 39-17-420)
<input type="checkbox"/> Notify the court or supervising entity of change of residential address or employment	<input type="checkbox"/> Uncompensated community service: _____ hours
<input type="checkbox"/> Remain within the boundaries of Tennessee unless supervising entity approves travel beyond	
<input type="checkbox"/> Remain within the following boundaries: _____	
<input type="checkbox"/> Other conditions reasonably related to the purpose of the defendant's sentence and not unduly restrictive of the defendant's liberty or incompatible with the defendant's freedom of conscience, as specified in writing by the supervising agency.	
<input type="checkbox"/> Pay restitution: \$ _____ Total (\$ _____ per month/week (circle one))	
<input type="checkbox"/> Pay supervision fees (T.C.A. 40-35-313): \$ _____ Total (\$ _____ per month/week (circle one))	
<input type="checkbox"/> Pay court costs	
<input type="checkbox"/> ADDITIONAL CONDITIONS: _____	

Defendant

ENTER this the _____ day of _____, 20____.

JUDGE'S NAME

JUDGE'S SIGNATURE

Counsel for the Defendant

Counsel for the State of Tennessee